(Rs. in crores)

Year	Funds allocated (inclusive of donor agencies)	Funds spent on AIDS Programmes	Estimated number of people living with HIV (in millions)
1999-00	140.00	135.25	3.50(1998)
2000-01	145.00	180.00	3.71(1999)
2001-02	210.00	226.55	3.86 (2000)
2002-03	225.00	241.86	3.97(2001)
2003-04	225.00	175.00*upto	4.58(2002)

Strike by CGHS Staff

1267. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether CGHS staff in Delhi was on 'pen down' strike on the 20th and 21 st November, 2003;

(b) if so, the details of their demands and since when they have been agitating; and

(c) the action taken by Government for redressal of their grievances and at what level?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.

(b) In July, 2003, the Secretary General of the All India CGHS Employees Association (AICGHSEA) had submitted an 18- point Charter of Demands to the Director, CGHS for their settlement through discussion across the table. The details of the demands are given in the enclosed Statement-I (See below).

The demands of the AICGHSEA are of general nature and concern the entire CGHS and are not limited only to CGHS Delhi.

(c) The demands of the AICGHSEA was discussed by the Director, CGHS with the representatives of the Association on 15.10.2003 and as per the decisions taken in the meeting, necessary follow-up action has already been initiated.

Another set of demands was submitted by the Delhi Branch of the AICGHSEA for which a meeting was taken on 27.11.2003 by the Director, CGHS with their representatives to settle/sort out these demands. The details of the demands are given in the enclosed statement-II.

Statement-I

Charter of Demands

(As adopted in the 12th Conference of AICGHSEA held at Meerut)

1. Timely supply of good quality and quantity of medicines at Dispensary level in all the cities.
2. Expansion of C.G.H.S. services by strengthening the existing one and opening in new cities.
3. Promotion to all C.G.H.S. employees.
4. Filling up of all vacant posts including promotional posts.
5. Pay Scale of Dressers should be upgraded to Rs. 3050-4590.
6. Compassionate ground appointment should be made immediately and the power should be given to AD/JD for the same.
7. (a) Uniform ACP scale should be introduced in all the cities' (b) Rectification should be made in the ACP scale in respect of Pharmacist, Lab. Technician, B.Sc. Storekeeper and Group D with Matric qualification.
8. Modification of Recruitment Rules of various categories as per DOPT order in consultation with the AICGHSEA.
9. C.G.H.S. contribution from CGHS employees should be waived.
10. The Washing Allowance should be enhanced to Rs. 60/- per month for the left out categories.
11. 60:40 Ratio for LDC/UDC to be implemented immediately and Restructuring of Stenographer as per DOPT order should be made.
12. Ad hoc services should be regularized from the date of appointment.

13. AD/JD should have the CGHS background and should not be from the same city.
14. Decentralization of HBA Fund should be made.
15. Timely zonal meeting should be held and the decision taken in the zonal meeting should be implemented.
16. Arrangement should be made to supply liveries in time. Quality of Liveries is to be improved.
17. Problem in Trivandrum arisen out of feudal attitude of J.D. there should be settled immediately.
18. Problems of C.G.H.S. Kanpur in respect of seniority of UDC and LDC must be settled.

Statement-II

Charter of Demands

1. We are not getting annual increment in the month, which becomes due and subsequently arrear arising out of delayed increments are not paid for many months.
2. We are not getting out Liveries in time. The liveries of summer season 2003 is yet to be distributed what to speak of winter, 2003, which has already become due on 1st October, 2003.
3. As per Govt, of India Order, Assured Career Progression Scheme of the concerned employees should be finalized six months before it becomes due, but we are not getting the same even after six months it becomes due and what to speak of arrears, which are still pending for hundreds of employees and amounts to several lakhs of rupees.
4. The employees who are retiring are not getting their retirement benefits, *i.e.* Pension, Gratuity, Commutation, Leave Encashment, etc., on the date of retirement violating all orders of the Govt, of India issued in this regard.
5. The Drivers of all subordinate offices except CGHS are getting 100 hours OTA per month after the Court's decision in this regard and acceptance by DOPT and Finance Ministry.

6. 2nd ACP to the LDCs working under CGHS, Delhi is to be revised in the light of the DOPT's guidelines, but no one is bothering about it.

7. Hundreds of promotional posts are lying vacant though filling up of promotional posts do not fall under the purview of ban etc.

Awareness for TB Control

1268. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that four out of every ten Indians are infected by mycobacterium tuberculosis and five to ten per cent of them finally get the disease;

(b) if so, the steps taken to arrest the spread of tuberculosis especially when it is highly infectious and being airborne the bacteria cut across all age groups and socio-economic barriers; and

(c) whether Government propose to launch any special drive with a view to educating masses about the preventive and curative aspects of tuberculosis specially in tribal, adivasi and backward areas like Yavatmal in Maharashtra?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.

(b) To control the disease, the National TB Control Programme has been in operation in the country since 1962. The Revised National TB Control Programme (RNTCP) based on DOTS, which is a WHO recommended strategy, was launched in 1993 and is being implemented in a phased manner, with the objective of achieving cure rate of 85% of new sputum positive cases. Diagnosis by sputum microscopy instead of by X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided free of cost in patient-wise boxes and patients are monitored so that they complete their treatment. The project districts have reported a cure rate of more than 80% which means more that 8 out of every 10 patients diagnosed and put on treatment under revised strategy are successfully treated. This is double